

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/10/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Howard County Government

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000965

	c. Organizational DUNS:	102547127	PLUS 4:	
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d. Address

Street 1: 9830 Patuxent Woods Drive

Street 2:

City: Columbia

County: Howard

State: Maryland

Country: United States

Zip / Postal Code: 21046

e. Organizational Unit (optional)

Department Name: Community Resources and Services

Division Name: Office of Community Partnerships

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Michelle

Middle Name: Lee

Last Name: Hippert

Suffix:

Title: CoC Manager

Organizational Affiliation: Howard County Government

Telephone Number: (410) 313-5971

Extension:

Fax Number: (410) 313-6424

Email: mhippert@howardcountymd.gov

1C. SF-424 Application Details

9. Type of Applicant: B. County Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance
Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): Maryland
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Expansion Bonus - FFY18

16. Congressional District(s):

a. Applicant: MD-007, MD-006, MD-003

b. Project: MD-007, MD-006, MD-003
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2019

b. End Date: 06/30/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

- 19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

- 20. Is the Applicant delinquent on any Federal debt?** No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: ☒

21. Authorized Representative

Prefix: Mr.

First Name: Allan

Middle Name: H.

Last Name: Kittleman

Suffix:

Title: County Executive

Telephone Number: (410) 313-6400
(Format: 123-456-7890)

Fax Number: (410) 313-6424
(Format: 123-456-7890)

Email: cmattis@howardcountymd.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/10/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Howard County Government

Prefix: Mr.

First Name: Allan

Middle Name: H.

Last Name: Kittleman

Suffix:

Title: County Executive

Organizational Affiliation: Howard County Government

Telephone Number: (410) 313-6400

Extension:

Email: cmattis@howardcountymd.gov

City: Columbia

County: Howard

State: Maryland

Country: United States

Zip/Postal Code: 21046

2. Employer ID Number (EIN): 52-6000965

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$46,118.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? **Yes**
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. **Yes**

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD, Office of Special Needs Assistance Programs	Grant (projects included in Annual Renewal Demand for this Recipient Agency)	\$887,811.00	Permanent Supportive Housing, Rapid Rehousing Programs, Planning

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

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You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Allan Kittleman, County Executive

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/07/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Howard County Government

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application.

Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in

X

the accompaniment herewith, is true and accurate.



Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Allan

Middle Name H.

Last Name: Kittleman

Suffix:

Title: County Executive

Telephone Number: (410) 313-6400
(Format: 123-456-7890)

Fax Number: (410) 313-6424
(Format: 123-456-7890)

Email: cmattis@howardcountymd.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/10/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Howard County Government

Name / Title of Authorized Official: Allan Kittleman, County Executive

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/10/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Howard County Government

Street 1: 9830 Patuxent Woods Drive

Street 2:

City: Columbia

County: Howard

State: Maryland

Country: United States

Zip / Postal Code: 21046

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Mr.

First Name: Allan

Middle Name: H.

Last Name: Kittleman

Suffix:

Title: County Executive

Telephone Number: (410) 313-6400
(Format: 123-456-7890)

Fax Number: (410) 313-6424
(Format: 123-456-7890)

Email: cmattis@howardcountymd.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/10/2018

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$46,118

Organization	Type	Sub-Award Amount
Humanim, Inc.	M. Nonprofit with 501C3 IRS Status	\$46,118

2A. Project Subrecipients Detail

a. Organization Name: Humanim, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

If "Other" specify:

c. Employer or Tax Identification Number: 52-0962588

	* d. Organizational DUNS:	080569841	PLUS 4:	0000
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e. Physical Address

Street 1: 6355 Woodside Court

Street 2:

City: Columbia

State: Maryland

Zip Code: 21046

f. Congressional District(s): MD-007, MD-006, MD-003
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$46,118

j. Contact Person

Prefix: Mr.

First Name: Jesse

Middle Name: Robert

Last Name: Guercio

Suffix:

Title: Director, Behavioral Health

E-mail Address: jguercio@humanim.com

Confirm E-mail Address: jguercio@humanim.com

Phone Number: 410-381-7171

Extension: 2,355

Fax Number: 410-381-5317

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

The Howard County Department of Community Resources and Services(DCRS) is the Collaborative Applicant for the Continuum of Care (CoC) and Recipient organization for most of the Projects funded through the CoC. Since the mid-90's the CoC have been working to promote community-wide planning and strategic use of resources to address homelessness, improve coordination and integration with mainstream resources, and improve data collection and performance measurements. DCRS is also the Lead Agency for the HMIS. The CoC Board's Rating and Ranking (RNR) Committee establishes performance targets for federal, state and local funds to ensure grants are spent in a timely fashion. The RNR works closely with the Recipient organization as well as sub-grantees, and subrecipients to provide oversight and guidance in the implementation of CoC-goals. The RNR reviews monitoring reports, assists in developing action plans to remedy poor program performance (including slow spending), reviews/ranks CoC project applications, and determines allocation of grant funds. The RNR meets quarterly and provides input to ensure projects and planning efforts are effective and are meeting deadlines as set forth by the CoC. The Recipient has extensive experience in OMB circulars, the Interim Rule, and a myriad of state programs that complement the CoC program (including ESG). DCRS is responsible for the County's \$1.2 million homeless grants funded to support the goal to end homelessness and is positioned to continue expanding resources to best end homelessness in Howard County.

The Subrecipient selected for this project is Humanim, Inc., a current Subrecipient of CoC-projects. Humanim's programs and services, tailored to persons with disabilities, has strengthened the operations of the CoC projects to maximize existing funding by operationalizing resource leveraging from Medicaid and other mainstream programs. Humanim has a wealth of experience engaging hard to house populations and is committed to serving chronically homeless persons and members of their families quickly and without preconditions to housing. Both DCRS and Humanim are well equipped and experienced to meet the administrative requirements of CoC funding and both have refined financial processes in place to monitor and track all federal funds. The Recipient in partnership with Humanim will continue identifying match funds from a variety of sources, including but not limited to, the County's homeless grant funds, CDBG/HOME, and in-kind sources. The partnership established is the premise the CoC is seeking to implement and operate a successful project where chronically homeless persons and their families are housed quickly, provided supports to maintain their housing, and linked to local resources and benefits to increase their self-sufficiency as housed members of our community.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

DCRS actively pursues federal and state funds with the ultimate goal of ending homelessness in our community. The County contributes approximately \$1.6 million annually for case management, a housing locator, local subsidies, addictions treatment, workforce development, and public school resources for families with children. Local funds are collectively referred to as "Plan to End Homelessness (PEH) Grants," as they are designed to support the local Plan to End Homelessness and fill gap areas to end homelessness. All CoC and State dollars are supported by PEH grants and assist in increasing number of persons exiting homelessness and becoming stably housed. DCRS also has a longstanding partnership with United Way of Central Maryland (UWCM) to create programs to end homelessness in Howard County. The leveraging capacity of DCRS will continue to benefit all CoC project funds including all renewals and this new project. Humanim, Inc. prides itself on being innovative in program development and continually seeks opportunities to expand services to existing programs. Humanim, Inc. is a grantee of the local Community Service Partnership (CSP) grant program and applies for a variety of state and federal funds to bolster workforce development, supported living, transition aged youth, and public school-based programs. Humanim, Inc. also creates economic opportunities for persons facing barriers to employment through social enterprise operations, and is in a strong position to continue leveraging resources to meet the needs of the chronically homeless to be served in this new program.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

The Office of Community Partnership's (OCP) is the Office designated by the Howard County Department of Community Resources to administer the CoC program. On staff in the OCP is the CoC Manager and HMIS Administrator both who report directly to the Office Administrator. The CoC Manager administers all CoC and State homeless grants and provides technical assistance to ensure compliance and program outcomes are in line with the County's Plan to End Homelessness and HUD goals and outcomes. The HMIS Administrator works closely with all homeless programs to ensure high data quality and entry of UDEs. The CoC Team is comprised of the HMIS Administrator, the CoC Manager and a Coordinator for the Coordinated Access System. The CoC Team is the primary staff for the CoC's Coalition to End Homelessness, and provides assistance to the Rating and Ranking Committee as they review applications, HMIS reports, outcomes and project performance. Annual monitoring is completed with the CoC Manager, HMIS Administrator and Fiscal Officer to ensure data entry, program regulations and fiscal procedures are being properly performed. Expenditures are reviewed and verified by OMB Circular guidance and program regulations. The County uses the SAP financial system. The CoC Manager reviews invoices that are submitted for reimbursement and checks programmatic guidelines based on Grant Agreements, and validity of backup documentation. After prepared for payment, the invoice is then reviewed by three separate staff persons: the first enters into the SAP system, the second approves the payment, and the third completes the HUD draws in LOCCS (or submits the reimbursement request for homeless State funds). The Program Manager at Humanim, Inc. works closely with the

CoC Manager on administering a tenant-based rental assistance (TBRA) program, providing services, responding to client issues, and grant reports and applications. The Program Manager also works closely with the HMIS Administrator for accurate and timely entry into HMIS. The Program Manager works with Humanim's Director of Grant Accounting & Administration on identifying eligible expenses, tracking against budget line items, and submitting timely invoices. Once the Director of Grant Accounting & Administration receives all information from the Program Manager, they prepare a monthly invoice for each grant based on actual paid-expenses. Humanim is responsive to questions and submits monthly invoices on time to ensure that the Recipient is able to draw in LOCCS at least quarterly. In addition, the CoC Manager works with the Director of Grant Accounting & Administration and answers questions on eligible grant expenses. The CoC Manager and HMIS Administrator are available by phone and email and provides in-person training.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

1a. CoC Number and Name: MD-504 - Howard County CoC

1b. CoC Collaborative Applicant Name: Howard County Government

2. Project Name: Expansion Bonus - FFY18

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? PSH

5. Does this project use one or more properties that have been conveyed through the Title V process? No

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA). No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

In early 2017 PIT, the CoC established a By-Name list for persons experiencing chronic homelessness for permanent supportive housing (PSH). Currently, there is a demand for approximately 20 PSH units and more PSH is vital to end chronic homelessness for families and singles. Howard County has a long history of strong advocacy, innovative service providers and County Executive and County Council support to end homelessness. In 2010, the County adopted a Plan to End Homelessness with local funds committed since 2012. Currently over \$1.6 million of County funds are used to maximize the CoC and State funding (ESG included). Howard County received CoC Planning Grants to update the Plan to End Homelessness, and we are in the process of that update. One of our gaps is lack of PSH; without it, ending chronic homelessness will be impossible. The CoC is committed to exploring all options to end homelessness in our community, yet we realize the marriage of rental assistance and support services for chronically homeless persons is vital to maintenance of stable housing. Through this Expansion Bonus opportunity, the CoC is seeking to increase the supply of scattered site PSH TBRA for persons that have been homeless for over a year, have experienced four episodes in three years totaling 12 months, and who have a diagnosed disability: for two households.

This Expansion Bonus opportunity's performance outcomes will be monitored and tracked closely to determine ongoing housing stability, including:

Housing Stability. Humanim will provide two households with tenancy supports to aid in their success in their own housing. Through housing stability case planning and rental assistance, Humanim will ensure that two households will maintain their housing and not return to homelessness.

Mainstream Benefits/Income. Humanim will support two households to apply for, obtain, and maintain benefits. Humanim has SOAR trained staff, and an Earned Benefits Specialist that is able to quickly navigate mainstream benefits to connect households to supports that will stabilize them in their home.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These

conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?	30			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	45			
Closing on purchase of land, structure(s), or execution of structure lease?	0			
Rehabilitation started?	0			
Rehabilitation completed?	0			
New construction started?	0			
New construction completed?	0			

3. Will your project participate in a CoC Coordinated Entry Process? Yes

* 4. Please identify the project's specific population focus. (Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

5. Housing First

a. Will the project quickly move participants into permanent housing? Yes

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
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Active or history of substance use	<input checked="checked" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="checked" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="checked" type="checkbox"/>
None of the above	<input type="checkbox"/>

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="checked" type="checkbox"/>
Failure to make progress on a service plan	<input checked="checked" type="checkbox"/>
Loss of income or failure to improve income	<input checked="checked" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="checked" type="checkbox"/>
None of the above	<input type="checkbox"/>

d. Will the project follow a "Housing First" approach? Yes
(Click 'Save' to update)

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

Not Applicable

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

8. Will more than 16 persons live in one structure? No

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities

and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above. 100% Dedicated

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? Yes

2. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2017 upon which this project proposes to expand.

Eligible Renewal Grant PIN Number: MD0366

Eligible Renewal Grant Project Name: Project Revive

3. Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Increase the number of homeless persons served

Increase number of homeless persons served

Indicate how the project is proposing to "increase the number of homeless persons served."

Current level of effort	
# of persons served at a point-in-time	4
# of units	2
# of beds	4
New effort	
# of additional persons served at a point in time that this project will provide	4
# of additional units this project will provide	2
# of additional beds this project will provide	4

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

X

2. Describe how participants will be assisted to obtain and remain in permanent housing.

Humanim's Rental Administrator (RA) assists clients to find housing of their choice. The RA provides leads on units and negotiates with landlords to accept clients who are hard to house. Rent Reasonableness and FMRs are checked, utility allowances (if not included in contract rent), income and client portion of rent is calculated, and an HQS is scheduled. Humanim staff is available to attend lease signing to support the household in their move, and an agreement is executed between Humanim and landlord which also helps to assist with any future tenancy issues and clearly identify responsible parties for payment of rent. After lease signing, Humanim will help find donated furniture or other items for units. Humanim recognizes that chronically homeless persons with a disability may struggle with everyday living/life skills and low-barrier methods (trauma informed care, motivational interviewing and harm reduction) are essential to supporting households to remain stable in their home.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

Case managers working with this project will create Housing Stability Case Plans that are client-led and outline issue that may put the household in jeopardy of becoming unstably housed. Case managers will assist with benefits screenings, expungements and referrals to other supports. Housing Stability Case Plans include but is not limited to: setting plans to increase income, earned or not, increase earned benefits or maintaining them, and helping create a monthly budget to meet the household's daily needs. One of the strengths

Humanim brings to the CoC are a variety of Employment Services offered within the organization including: Workforce Readiness Training, Occupational Skills Training, Job Placement, Job Support, Supported Employment Alternatives, Workforce Solutions, and counseling to craft short and long-term objectives to remove barriers to employment. This project will maximize the CoC funds to ensure that participants are connected to services to increase their employment or support them in their current employment situation.

Humanim has SOAR trained staff to assist persons to apply for and receive disability benefits. A Benefits Specialist, also on staff, is trained to work on benefits packages for households. Humanim is a partner in the CoC which has a number of public and nonprofit partners working together to end homelessness. Humanim provides direct referrals to agencies that have expertise in assisting households to maintain independence through local and mainstream benefits. To support the household's independence, Humanim will provide bus tokens and cab vouchers to help clients attend benefits appointments, employment training and jobs.

We recognize increasing income/benefits may not always be possible. However, we strive to ensure that there is no loss of benefits or income and that existing barriers are overcome. If SSDI decreases, which is beyond Humanim's or the household's control, we will explore options to increase the overall income and benefits for the family in their quest for independence.

Other barriers to independent living for the chronically homeless may include mental health and substance abuse issues. As a long-standing provider for persons with disabilities, Humanim has been tactful in using harm reduction and helping people remain independent without disqualifying them from services. For instance, if a member of a household has trouble taking medication, or experiences a relapse, Humanim upholds clients' personal choice, but seeks to improve their health through life skills and motivational interviewing to continue medications, as directed by the client's doctor, or reducing their substance use. While income and benefits are paramount, Humanim is committed to caring for the whole household to assist them to live as independently as possible without preconditions to services.

**4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services		Provider	Frequency
Assessment of Service Needs		Subrecipient	Semi-annually
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	As needed
Child Care		Non-Partner	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Subrecipient	As needed
Food		Subrecipient	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Non-Partner	As needed

Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Subrecipient	As needed
Non-Partner	As needed
Non-Partner	As needed
Non-Partner	As needed
Non-Partner	As needed
Subrecipient	As needed
Subrecipient	As needed

5. Please identify whether the project will include the following activities:



5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 2

Total Beds: 4

Total Dedicated CH Beds: 4

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	2	4

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 2

b. Beds: 4

3. How many beds of the total beds in “2b. Beds” are dedicated to the chronically homeless? 4

This includes both the “dedicated” and “prioritized” beds.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 6355 Woodside Court

Street 2:

City: Columbia

State: Maryland

ZIP Code: 21046

***5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

249027 Howard County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	1	1	0	2
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	1	1		2
Adults ages 18-24	0	0		0
Accompanied Children under age 18	2		0	2
Unaccompanied Children under age 18			0	0
Total Persons	3	1	0	4

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	1	0	0	0	0	0	0	0	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Children under age 18	2			0	0	0	0	0	0	0
Total Persons	3	0	0	0	0	0	0	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	1	0	0	0	0	0	0	0	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	1	0	0	0	0	0	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

10%	Directly from the street or other locations not meant for human habitation.
90%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
100%	Total of above percentages

2. Describe the outreach plan to bring these homeless participants into the project.

The CoC has a variety of outreach methods in place to bring literally homeless persons into projects to end their homelessness. The local shelter operates an outreach center called the Day Resource Center (DRC), located along the Route 1 corridor where the homeless are known to congregate. Open three days a week, showers, food, laundry facilities, doctors and case managers are available to assist those who present for services. There is a PATH staff at the DRC and an Outreach Manager who links persons with identification cards, birth certificates, and helps sign persons up for benefits. There are nonprofits in the community who engage persons who are unsheltered and works to connect them to mainstream benefits, and the By-Name list for PSH. In addition, all persons who contact the single point of entry (SPE) have a coordinated assessment completed and are referred to a program. If it is indicated they may be chronically homeless, they are referred to the By-Name List. Also, the SPE is through the shelter, the same shelter that oversees the DRC activities. At any time, there are roughly 200 households waiting for programs, and another 185 being served through County, State and federally funded programs. When an opening becomes available in a PSH program (locally or CoC-funded) the program contacts coordinated entry and indicates the number of beds available in the project. Beginning in spring 2017, all PSH is filled through the By-Name list for persons experiencing chronic homelessness. After the household is selected they are forwarded to the PSH program and the process begins immediately to place the household into a unit. New units will be filled with persons coming from the street or a place not meant for human habitation, or emergency shelter.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? Bonus



3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

* 5. Select the costs for which funding is being requested:

Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Request for Grant Term:			\$34,392
Total Units:			2
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	2	\$34,392

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	\$677	x	12		=	\$0
0 Bedroom		x	\$903	x	12		=	\$0
1 Bedroom	1	x	\$1,097	x	12		=	\$13,164

2 Bedrooms		x	\$1,376	x	12	=	\$0
3 Bedrooms	1	x	\$1,769	x	12	=	\$21,228
4 Bedrooms		x	\$2,072	x	12	=	\$0
5 Bedrooms		x	\$2,383	x	12	=	\$0
6 Bedrooms		x	\$2,694	x	12	=	\$0
7 Bedrooms		x	\$3,004	x	12	=	\$0
8 Bedrooms		x	\$3,315	x	12	=	\$0
9 Bedrooms		x	\$3,626	x	12	=	\$0
Total Units and Annual Assistance Requested	2						\$34,392
Grant Term							1 Year
Total Request for Grant Term							\$34,392

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	Two .075 FTE case managers will provide approx. 311 hours of case management at \$14/hour to two chronically homeless households One .04 FTE Program Manager will provide approx. 75 hours of stability planning, monthly monitoring and supervision of case managers at \$27.40/hour. Approx.18% of hourly rates will cover FICA and benefits. Total cost is \$7,575.	\$7,575
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		

12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$7,575
Grant Term		1 Year
Total Request for Grant Term		\$7,575

Click the 'Save' button to automatically calculate totals.

6l. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$11,530
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$11,530

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Howard County Gov...	07/01/2018	\$11,530

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: Cash

3. Type of source: Government

4. Name the source of the commitment: Howard County Government
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 07/01/2018

6. Value of Written Commitment: \$11,530

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$34,392	1 Year	\$34,392
4. Supportive Services	\$7,575	1 Year	\$7,575
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$41,967
8. Admin (Up to 10%)			\$4,151
9. Total Assistance Plus Admin Requested			\$46,118
10. Cash Match			\$11,530
11. In-Kind Match			\$0
12. Total Match			\$11,530
13. Total Budget			\$57,648

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Allan Kittleman

Date: 09/10/2018

Title: County Executive

Applicant Organization: Howard County Government

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

X

**statements or claims may subject me to
criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).**

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page		Last Updated
1A. SF-424 Application Type		No Input Required
New Project Application FY2018	Page 52	09/12/2018

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/23/2018
1E. SF-424 Compliance	07/21/2018
1F. SF-424 Declaration	07/21/2018
1G. HUD 2880	07/21/2018
1H. HUD 50070	07/21/2018
1I. Cert. Lobbying	07/21/2018
1J. SF-LLL	07/21/2018
2A. Subrecipients	07/21/2018
2B. Experience	08/23/2018
3A. Project Detail	07/21/2018
3B. Description	08/23/2018
3C. Expansion	07/21/2018
4A. Services	08/23/2018
4B. Housing Type	07/21/2018
5A. Households	07/21/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/22/2018
6A. Funding Request	07/21/2018
6E. Rental Assistance	07/21/2018
6F. Supp Srvcs Budget	08/23/2018
6I. Match	07/21/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7D. Certification	08/23/2018